



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Not counting this transmittal form  
Total Number of Pages in This Submission**25**

Application Number	<b>10/632,006</b>
Filing Date	<b>07/31/2003</b>
First Named Inventor	<b>MAICHEL, et al.</b>
Group Art Unit	<b>3753</b>
Examiner Name	<b>Kevin L. Lee</b>
Attorney Docket Number	<b>1344</b>

**24 + 1 = 25****ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)
<input checked="" type="checkbox"/> Amendment / Reply <b>24 pages</b>	<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application
***** <input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	

<input type="checkbox"/> Remarks	<b>Deposit Account Authorization</b>
The Commissioner is hereby authorized to charge any fees that may be required to accompany this filing, beyond any payment made herewith, and to credit any overpayment to Deposit Account 08-0628 of Loyal M. Hanson.	

After Allowance Communication  
to Group

Appeal Communication to Board  
of Appeals and Interferences

Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s) (please  
identify below):

1. Return Postcard, 1 page
- 2.
- 3.

**Deposit Account 08-0628****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Loyal M. Hanson, USPTO Reg. No. 30,062
Signature	<u>L M Hanson</u>
Date	May 28, 2005

**CERTIFICATE OF MAILING**

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Typed or printed name	Loyal M. Hanson		
Signature	<u>L M Hanson</u>	Date	May 28, 2005

\*\*\*\*If an Extension of Time is required for filing the accompanying document(s), Applicant hereby requests the required Extension of Time. Please charge the SMALL ENTITY extension fee to the above Deposit Account.



# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant** MAICHEL, et al.

**Art Unit** 3753

**Serial No.** 10/632,006

**Docket No.** 1344

**Filed** 07/31/2003

**Customer No.**

**Title** "Valve and Method For  
Repairing a Valve Under Pressure"

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**Supplemental Amendment**  
**Correcting a Typographical Error in Claim 21**

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**Attention Primary Examiner Kevin L. Lee; 571-272-4915.** The following pages set forth an amendment of claim 21 to correct a typographical error. It includes the following elements arranged in the order indicated:

1. Claim Amendments
2. Remarks
3. Attorney of Record Signature Page

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Signature and Deposit Date: May 28, 2005

Signed: L M Hanson

Loyal M. Hanson, USPTO Reg. No. 30,062